

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16134

State File No. \_\_\_\_\_

FILED JUN 9 1944  
Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 4857

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Depaul Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Donald Leslie Barnes

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased May 1st 1941  
(Month) (Day) (Year)

8. AGE: Years 3 Months 0 Days 24 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace St. Louis Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business \_\_\_\_\_

12. Name Donald L. Barnes Jr.

13. Birthplace St. Louis Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Leslie Newell

15. Birthplace St. Louis Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Donald L. Barnes

(b) Address #3 Maryview Lane

17. (a) Burial (b) Date thereof. 5-29-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Kriegshauser Mortuary

(b) Address 4228 So. Kingshighway Blvd.

19. (a) MAY 26 1944 (b) J. B. Bueck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 12th N.R.  
(c) City or town Ladue  
(If outside city or town limits, write "RURAL")  
(d) Street No. #3 Maryview Lane  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25th  
year 1944 hour 6:15 minute P.M.

21. I hereby certify that I attended the deceased from 8/28/43  
\_\_\_\_\_ 19 \_\_\_\_\_ to 5/25 19 44  
that I last saw him alive on 5/25  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Acute Dilatation of heart  
Due to Stasis Lymphaticus

Due to Hypertrophied Heart  
Adenoma of Thymus

Other conditions \_\_\_\_\_  
(Include pregnancy within 5 months of death)

Major findings: Hypertrophied Heart  
Of operations Adenoma

Of autopsy Stasis Lymphaticus

Duration

7 days

Birth

8/28/43

5/25/44

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place) \_\_\_\_\_  
(c) Means of injury 0

23. Signature Thomas B. Bueck (M. D. or other) \_\_\_\_\_  
Address 2239 N. Grand Date signed 5/26/44

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed

*Edmund M. Herriott*

Licensed Embalmer No.

*3024*

P. O. Address \_\_\_\_\_

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.